

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. **17874**  
**4359**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>#245 No. Union Blv'd.,</b>		e. STREET ADDRESS (If rural, give location) <b>#245 No. Union Blv'd., 21290</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b> b. (Middle) <b>GERTRUDE</b> c. (Last) <b>GARVIN.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1956.</b>		
5. SEX <b>Female.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single.</b>	8. DATE OF BIRTH <b>March 25, 1875.</b>	9. AGE (In years last birthday) <b>81.</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <b>At Home.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alexander Garvin.</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Boyd.</b>	
14. NAME OF HUSBAND OR WIFE <b>None.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>none.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eleanor R. Garvin, Gatesworth Hotel.</b>				ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Anterior choroidal heart disease</b>		DUE TO (a) <b>general arteriosclerosis</b>		<b>4 years</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b)		<b>?</b>	
DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>420.0</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June**, 19**41**, to **May 3**, 19**56**, that I last saw the deceased alive on **May 1**, 19**56**, and that death occurred at **5 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Samuel B Grant M.D.</b>		23b. ADDRESS <b>114 N Taylor Ave</b>		23c. DATE SIGNED <b>May 3 56</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal.</b>		24b. DATE <b>5/5/56.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery..</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons.</b>		ADDRESS <b>#7233 Delmar Blv'd.,</b>	

DATE REC'D BY LOCAL REG. **MAY 3, 1956** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed. *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.